Formulary Notes Meeting #7 Minutes Wednesday, July 18, 2017

Members in attendance:

Bill Wheeler, Maralyn Lytle, Bri Lake, Julia Brennan, Lindi Mandy, Kristine Ediger, Karen Wiles, Eric Strauss, Cindy Zimmerman, Jennifer Hepfner, Stacey Schwarz, Michele Fairclough, Mark Eichler, Tony King (with intern Daniel Sublet), Char Lewis, Lance Zanto, and Becky Curtis.

Dr. John Schumpert, John Nelson, Doug Buman, Mike Marsh, Leslae Dalpiaz, Adam Fowler (Optum Workers' Comp), and Ken Eichler (ODG), attended via GoToMeeting.

Bill opened the meeting with introductions of members in attendance and introductions of new committee members and pharmacists, Mark Eichler and Tony King. Bri Lake, ERD Research Analyst, was introduced and her comparison presentation began.

Following the presentation, there were questions and comments from the committee members. The list of questions and comments is listed below:

General Questions/Comments:

- **Prior Authorization**: Who determines prior authorization criteria for all insurers?
    - If we go with a full package with ACOEM/ODG, prior authorization criteria is contained within the guidelines. (? – per Maralyn; need to verify where this can be found)
    - If we go with only a list (Washington/ODG), prior authorization criteria will need to be included within our own guidelines.
- **MT U&T Guidelines**:
    - If we keep our guidelines, rules could be written liberally such that, if a discrepancy between the guidelines and the formulary is found, rules would stipulate that the prescriber/adjustor go with whichever provides the best care fir the injured worker or some variation of that language.
    - Would a full package, paradigm shift be too much at once?
        - Texas did a full package shift from their own, what was the reaction from their stakeholders?
- **Montana Medicaid**:
    - In dealing with legacy claims, Montana Medicaid opted to not grandfather in *any* claims.
    - Montana Medicaid is a member of DERP; can we utilize their membership to allow for stakeholder input if we went with Washington?
        - Bri's after-the-fact response: We would still not have feedback in the formulary process. Washington takes the evidence provided by DERP and does separate cost-analysis before they develop their PDL; then L&I uses the PDL to create their "wrap around" formulary. For the wrap-around formulary there is very little public comment.
- **Legacy Claims**:
    - Who defines "addiction"? How do they determine which individuals should be transitioned and which individuals should stay on their medications?
    - Comments from Becky on legacy claims: "cruel to leave those people behind"

        - At the 6-month mark is when most individuals make the decision on their own to get off their opioids; prescribers sometimes oppose this decision, which may lead to individuals staying on opioids longer.
    - Ken: Formulary can be used as a tool for physicians to deny opioids without creating a hassle for those physicians. (good marketing angle)
- **First Fill**:
    - How do we deal with the transfer of liability of drug payments when a claim is denied? PBM/insurer/injured worker/primary health insurer?
- **Additional Questions**:
    - Should we start with a single of handful of drug classes and gradually increase the number of drug classes?
    - Can the provider group be expanded to include the duties of a P&T Committee?
        - The provider group currently has no pharmacists.
    - Should we drop the medication section out of each chapter of our guidelines?
    - Would prescribers be more interested in a list organized by therapeutic or pharmacological drug classes?
        - John suggested that prescribers would be more interested in looking at Therapeutic drug classes as opposed to Pharmacological drug classes.
    - What would the impact of switching to a full-package product, ACOEM/ODG, be for the smaller or rural prescribers? Even if it's only $100/year (for 3-years with ACOEM)?
    - If we go with just a list, when NCCI prices the impact of the formulary, we should ask them to price the administrative cost of dealing with a discrepancy between the guidelines and the formulary.
    - PBM's will want a more "definitive" list of medications (NDC codes) so that a claim is not adjudicated incorrectly.

Follow up information was also requested from the panel:

- More information about the four "scenarios" in cost-saving slides
- Does ACOEM send along the evidence with the drug list updates, for use by the P&T committee? Would they provide any clinical support/pharmacists/counsel for the P&T committee?
- Clarification on therapeutic substitutions allowed/not allowed in Montana
- Break down the system costs to stakeholders over long-term for ACOEM, not just physicians
- Seemed like there may have been some confusion on the "restrictiveness" slides – may want to write out main points, or what people should focus on with that information.
- What are the enterprise options that DLI could have to "host" the formulary and give access with ACOEM and/or ODG?
- Can we have a more specific delineation of the costs associated with ACOEM? If they are willing to negotiate, by how much? Need some more specific and forth-coming information about costs.
- How would the adoption of the formulary and/or guidelines work legislatively?
- In a family practice or small business setting, how can the subscriptions be shared between employees? A better idea of the cost in these settings would be helpful.
- First fill in MT: if the claim is denied, who picks up the payment of the first fill?

- First fill: how do other states with multiple carriers handle first fill programs?
- NCCI pricing study – would they be able to include cost of sorting out guideline discrepancies
- Which formulary is easier to use, practically speaking?
- What is envisioned for prior authorization criteria? Who sets the criteria?
- Is it possible to retain the U&T guidelines, drop the existing medication section, and instead link to the formulary for medication guidance?
- Are NDC codes available, besides the preferred/not preferred list? These NDC codes are used by the PBM when they adjudicate the claims
- Legacy claims – what is our goal with these claims?

The meeting was adjourned after discussion of all the topics and more discussion to follow in upcoming meetings. Bri will be following up with ACOEM and ODG regarding some of the topics addressed.

The next meeting date will be determined and will be scheduled at a later date.